



# CEBU INSTITUTE OF TECHNOLOGY UNIVERSITY

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## OFFICE OF THE REGISTRAR

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Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

Republic of the Philippines  
**OFFICE OF THE REGISTRAR GENERAL  
CERTIFICATE OF LIVE BIRTH**

(Fill out completely, accurately and legibly. Use ink or typewriter.  
Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province <u>Cebu</u>		Registry No. <u>95-7337</u>	REMARKS/ANNOTATION
City/Municipality <u>Cebu City</u>			
1. NAME (First) <u>JERRITE</u> (Middle) <u>NADEZILLA</u> (Last) <u>ESIC</u>			
2. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	3. DATE OF BIRTH (day) (month) (year) <u>30</u> <u>March</u> <u>1995</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) <u>Cebu Proor. Center &amp; Maternity House, Inc., Cebu City, Cebu</u>			
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twins <input type="checkbox"/> 3 Triplets, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify	
6. BIRTH ORDER (Live births and fetal deaths including this delivery) (First, second, third, etc.) <u>second</u>		d. WEIGHT AT BIRTH <u>2800</u> grams	
7. MAIDEN NAME (First) (Middle) (Last) <u>JERRITE</u> <u>ALON</u> <u>ESIC</u>		8. RELIGION <u>Roman Catholic</u>	
9a. Total number of children born alive <u>2</u>	b. No. of children still living including this birth <u>2</u>	c. No. of children born alive but are now dead <u>0</u>	
10. OCCUPATION <u>housewife</u>		11. Age at the time of this birth: <u>01</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Setie Nanga, Bldg. Cebu City</u> <u>Cebu</u>			
13. NAME (First) (Middle) (Last) <u>JERRITE</u> <u>ALON</u> <u>ESIC</u>		14. CITIZENSHIP <u>Philippine</u>	
15. OCCUPATION <u>employee</u>		16. RELIGION <u>Roman Catholic</u>	
17. AGE AT THE TIME OF THIS BIRTH: <u>02</u> years		18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>November 18, 1994</u> <u>Cebu City</u>	
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)			
19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at <u>2:46</u> o'clock am/pm on the date stated above.) Signature: <u>[Signature]</u> <u>Cebu Proor. Center &amp; Maternity</u> Name in Print: <u>MA. ALDEA HORALES, M.D.</u> <u>House, Inc., Cebu City</u> Title or Position: <u>physician</u> <u>March 30, 1995</u>			
20. INFORMANT Signature: <u>[Signature]</u> <u>Setie Nanga, Bldg. Cebu City</u> Name in Print: <u>RICHE EYES</u> <u>Cebu City</u> Relationship to the child: <u>mother</u> <u>March 30, 1995</u>		21. PREPARED BY Signature: <u>[Signature]</u> Name in Print: <u>MARIANILLA C. BERNARDES</u> Title or Position: <u>clerk</u> Date: <u>March 30, 1995</u>	
22. RECEIVED AT THE OFFICE OF THE REGISTRAR Signature: <u>[Signature]</u> Name in Print: <u>[Signature]</u> Title or Position: <u>[Signature]</u> Date: <u>[Signature]</u>			

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*Carmelita N. Ericta*  
CARMELITA N. ERICTA  
Administrator and Civil Registrar General  
National Statistics Office

CERTIFIED TRUE COPY

*[Signature]*